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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTO	ATTORNEY DOCKET NO.		RNEY DOCKET NO.	CONFIRMATION NO.
10/670,467	10/670,467 09/26/2003		Brian L. Mark		GMU-03-004U 7398		7398
TITLE OF INVENTION: CELLULAR NETWORK HANDOFF MODELING							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$0	. \$0		\$700	03/19/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS]			
JACKSON, BLANE J		2618	455-067110				
I. Change of correspondence address or indication of "Fee Address" (3' CFR 1.363). Changs of correspondence address (or Change of Correspondence Address form PTO/SB/1/22) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 0.3-02 or more recent) attached. Use of a Custome Number is required.			(1) the names of up or agents OR, alterna (2) the name of a sing	nthe patical front page, list up to 3 registered patient attomeys certailvely, up to 3 registered patient attomeys certailvely, a single firm (laviving as a member a ey or agent) and the names of up to final patients of the patients of th			
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Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🗔 Government							
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5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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